

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/					
2	/					
3	2					
4	2		1			
5	2		1			
6			1			
7	8		1			
8	8		1			
9	8		1			
10	8		1			
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44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			3			
TOTAL DER.			29			
TOTAL CLAIMS			32			

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
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TOTAL IND.								
TOTAL DER.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS